|  | PATENT   |  | 10777784      |                                    |              |                  |       |                   |  |     |                               |                        |  |
|--|--|--|---------------|------------------------------------|--------------|------------------|-------|-------------------|--|-----|-------------------------------|------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |  |               |                                    |              |                  |       | SMALL ENTITY TYPE |  |     | OTHER THAN<br>OR SMALL ENTITY |                        |  |
| TOTAL CLAIMS   |  |  | 15            |                                    |              |                  | F     | RATE              |  | 7   | RATE                          | FEE                    |  |
| FOR  |  |  | NUMBER FILED  |                                    | NUMBER EXTRA |                  | -     | SIC FE            | +  | OR  | BASIC FEE                     |                        |  |
| TOTAL CHARGEABLE CLAIMS  |  |  | (5 minus 20=  |                                    | • Ø          |                  | ,     | (\$ 9=            |  | OR  | X\$18=                        |                        |  |
| INDEPENDENT CLAIMS   |  |  | A minus 3 =   |                                    | · 1 A        |                  | 7     | X43=              |  | OR  | X86=                          |                        |  |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |  |               |                                    |              |                  |       | 145=              | <del>                                     </del> | 1 1 | +290=                         |                        |  |
| • 11   | * If the difference in column 1 is less than zero, enter "0" in column 2 |  |               |                                    |              |                  |       |                   |  | OR  | , TOTAL                       | 790                    |  |
|  | / / 0  | ,  | DTAL          | L                                  | UN           | OTHER            |       |                   |  |     |                               |                        |  |
| <u> </u>   | 1/19/07 (Column 1) (Column 2) (Column 3)                                 |  |               |                                    |              |                  |       | ALL               | ENTITY   | OR  | SMALLE                        |                        |  |
| AMENDMENT A  |  | REMAINING<br>AFTER<br>AMENDMENT                                    |               | NUMB<br>PREVIO<br>PAID F           | ER<br>USLY   | PRESENT<br>EXTRA | R     | ATE               | ADDI-<br>TIONAL<br>FEE                           |     | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | •  | Minus         |                                    | <u></u>      | 8                | ×     | \$ 9=             | -  | OR  | ~X\$18=                       |                        |  |
| AME  | Independent  | NITATION OF M  | tuinus        |                                    |              | <i>F</i> .       | X     | 43=               |  | OR  | X86=                          |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |  |  |               |                                    |              |                  |       | A5=               | ·  | OB. | £290=                         |                        |  |
|  |  |  |               |                                    |              |                  |       | TOTAL<br>T. FEE   |  |     | TOTAL<br>ADDIT, FEE           |                        |  |
|  |  | (Column 1)   |               | (Colum                             | n 2)         | (Column 3)       | 700   | 7. 7 66           | ,  |     |                               | ·                      |  |
| AMENDMENT 8  | 7/2/07   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                          | •             | HIGHE<br>NUMB<br>PREVIO<br>PAID F  | ER<br>USLY   | PRESENT<br>EXTRA | R     | ATE               | ADDI-<br>TIONAL<br>FEE                           |     | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | · 15   | Minus         | ** 0                               | 20           |                  | . X   | 9≖                |  | OR  | X\$18=                        |                        |  |
| A P  | Independent  | · g  | Minus         | ***                                | <u>3</u>     | -                | ×     | 43=               |  | OR  | X86=                          |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145= OR +290   |  |  |               |                                    |              |                  |       |                   |  |     |                               |                        |  |
|  |  |  |               |                                    |              |                  |       | TOTAL<br>T. FEE   |  | OR  | YOYAL<br>ADDIT, FEE           |                        |  |
| (Column 1) (Column 2) (Column 3)   |  |  |               |                                    |              |                  |       |                   |  |     |                               |                        |  |
| AMENDMENI C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                          |               | HIGHE<br>NUMB<br>PREVIOU<br>PAID F | ER<br>JSLY   | PRESENT<br>EXTRA | R/    | ΛŢΈ               | ADDI-<br>TIONAL<br>FEE                           |     | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|  | Total ·  | •  | Minus         | **                                 |              | <b>.</b>         | X     | 9=                |  | OR  | X\$18=                        |                        |  |
|  | Independent  | •  | Minus         | ***                                |              | =                | X4    | 13=               |  | OR  | X86=                          |                        |  |
|  | FIRST PRESE  | NTATION OF MU  | LTIPLE DEP    | ENDENT                             | CLAIM        |                  | -     |                   |  | Ì   |                               |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  OR +290=  TOTAL  OR ADDIT FEE |  |  |               |                                    |              |                  |       |                   |  |     |                               |                        |  |
| (1   | the "Highest Nur   | nber Previously Pal<br>mber Previously Paid<br>ber Previously Paid | d For IN THIS | S SPACE IS                         | less than    | 3, enter "3."    | ADDIT | . FEE             |  | -   | DDIT. FEE                     | $\dashv$               |  |

Application or Docket Number